

Discussion Following Plenary Presentations

Catherine Wilfert

Catherine Wilfert was asked whether stigma was one reason why women in developing countries were reluctant to be tested. She indicated that stigma was an important factor, and reducing stigma was an element in the activities of the various international projects. Acceptance rates of testing improved if recommended by highly respected community members; however, in some places, local and tribal chiefs were not supportive of testing. If it can be shown that testing will help a community, acceptance rates should increase.

Dr. Wilfert was also asked if she recommended third trimester testing for women tested previously in the pregnancy. She pointed out that “second tests” were not routine in her state of North Carolina. A very small proportion of women seroconvert during pregnancy. A second test would double the cost of testing pregnant women, and the return on investment for this recommendation might be very small.

Mary Glenn Fowler pointed out that the new recommendations for screening pregnant women state that facilities serving a population with a high prevalence of HIV should consider a routine second test. This is clearly an important “gap” group.

Dr. Wilfert reminded the audience that her recommendations for the international setting were based on a 10 to 45 percent prevalence rate among women of childbearing age.

Dr. Wilfert was asked whether private providers in North Carolina, and specifically providers based in an academic setting, had improved their testing rates to the levels found in public settings. She indicated that she knew of no recent data on this issue.

Ann Maxwell

Ann Maxwell cautioned that her presentation was only a preview of the report that would soon be going to the Secretary of the Department of Health and Human Services, and that she could not provide the final recommendations that report would include. She thought the report would be made public in March and would be available on the Office of Inspector General (OIG) website.

On the issue of whether nurse midwives were less likely than obstetricians to offer testing to pregnant women, she indicated that this observation was based on a report by the American College of Obstetricians and Gynecologists (ACOG). An audience member said that in a study in North Carolina in 1995, nurse midwives were much more likely to offer testing, especially since they often worked in rural areas with economically disadvantaged groups. In addition, those providers who claimed that they offered testing to “all” pregnant women might, in practice, not offer it to those with no perceived risk.

Regarding the obstetricians' recommendation that an HIV test be made a part of the standard battery of tests given to pregnant women, Ms. Maxwell pointed out that they understood this to mean giving the test with right of refusal (opting "out") versus testing after obtaining informed consent (opting "in").

Martha Rogers

Martha Rogers was asked to elaborate on the new recommendations for a cesarean section for HIV-infected women at 38-weeks gestation, especially in light of data indicating that women with non-detectable levels of virus seem not to transmit the virus to their newborns. Dr. Rogers responded that the recommendation came from ACOG.

An ACOG spokesperson said that the recommendation was based on data showing maximum reductions in transmission for women having cesarean sections at that point, but viral loads should also be taken into account when deciding if a cesarean section should be performed. Further clarification of this issue may be needed; the guidelines may not have fully addressed it.

Joana Schulte and Teresa Hammett

In response to a question, Teresa Hammett indicated that reproductive history was among the data being collected through enhanced perinatal surveillance, and that women with repeated pregnancies could be identified.

Racquel Findlay

In response to a question, Racquel Findlay indicated that since her outreach program was based in Orlando, she could not speak about return-for-test-results rates in rural areas, although Florida did have outreach programs in rural areas. Asked how she determines which women to approach in her outreach activities, Ms. Findlay said that the program's policy is to approach all women of child-bearing age, and an initial attempt at contact typically includes the offer of condoms.

Ms. Findlay also stated that they do not do outreach in the social services department facilities because that group was not "comfortable" with having the outreach workers in their facilities. However, outreach is done in the parking lots of such facilities.

Lori de Ravello

Asked if she favors setting up screening programs for women in jails, Lori de Ravello said "yes."

###